THERAPEUTIC BEHAVIORAL SERVICES
REFERRAL

Client Name _____ Medi-Cal No _____ Date _____
Client Date of Birth _____/_____/_____ Gender ☐ Male ☐ Female
Child's Current Placement (or family) Address _____
Parent/Caretaker Name _____ Parent/Caretaker Phone _____
☐ Family Home ☐ Residential Placement (RCL Level___) ☐ Juvenile Hall ☐ Other (Specify _____)
Referring Party _____ Title _____ Phone _____

Is child/youth a full scope Medi-Cal beneficiary under age 21? ☐ Yes ☐ No

Please list client's current Axis I diagnosis: _____
☐ Check here if Mental Health Assessment was completed in past year (please attach or indicate any recent data; it is not necessary to repeat information from prior assessment)

Which of the following conditions have been met? (Must check at least one)

☐ At least one emergency psychiatric hospitalization relate to current presenting disability within the past 24 months
☐ Currently placed in a level 12 or above group home for mental health needs
☐ Being considered for placement in a level 12 or above group home by San Bernardino County
☐ Previously received Therapeutic Behavioral Services (TBS) through Medi-Cal and San Bernardino County

Which is highly likely to occur, without additional support? (Must Check at least one)

☐ Child/youth may need higher level of residential care or acute care
☐ Child/youth may not successfully transition to a lower level of care

What mental health services is the client currently receiving? ☐ **None**

_____
_____
_____

List other involved agencies.

Agency	Contact Person	Phone Number

What are the specific problem behaviors jeopardizing current living situation?

_____
_____
_____
_____

Describe alternative approaches that have been tried:

_____
_____
_____

Are there any specific needs with regard to the TBS coach's language, culture or gender?

_____
_____
_____

A SIGNED RELEASE OF INFORMATION MUST ACCOMPANY REFERRAL.

Fax referral packet to Marsha Mathews, MFT, Mental Health Systems, Inc at (909) 433-0556 or mail to:
1430 E. Cooley Dr. Ste 240, Colton, CA 92324

Mental Health Systems, Inc.
Therapeutic Behavioral Services
Referral Form
SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:

CHART NO:

DOB:

PROGRAM: